



POTENTIAL HAZARDOUS WASTE SITE IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6 SITE NUMBER (to be assigned by HQ) TX 10448

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

TXD 000 778 621

A. SITE NAME Centralized Tie Plant AT & SF Railway Co.		B. STREET (or other identifier) North of City, P.O. Box 488	
C. CITY Somerville	D. STATE TX	E. ZIP CODE 77879	F. COUNTY NAME Burleson
G. OWNER/OPERATOR (if known) Contact: S.L. Barkley 1. NAME AT & SF Railway Co.		2. TELEPHONE NUMBER 713/596-1321	

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION A timber treating facility. Principal products include creosote treated cross ties, bridge timbers, crossing planks and other timber products for railroad service.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) CERCLA TXS 1452	K. DATE IDENTIFIED (mo., day, & yr.) 8/11/81
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L. PRINCIPAL STATE CONTACT

1. NAME Donald Wyrick TDWR District 3	2. TELEPHONE NUMBER 817/753-3688
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II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☒ 2. MEDIUM ☐ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard)

☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☒ 4. SITE INSPECTION NEEDED (low priority)

(See V.4)

C. PREPARER INFORMATION

1. NAME Deborah A. Vaughn	2. TELEPHONE NUMBER 214/742-4521	3. DATE (mo., day, & yr.) 2/24/83
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III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☐ 1. NO

☒ 2. YES (specify generator's four-digit SIC Code): 2491

C. AREA OF SITE (in acres)

approx. 415

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg.-min.-sec.)

30° 21' 30" N

2. LONGITUDE (deg.-min.-sec.)

96° 32' 15" W

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

Office, Production & Maintenance

Continue On Reverse



Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

A. TRANSPORTER	B. STORER	C. TREATER	D. DISPOSER
<input checked="" type="checkbox"/> 1. RAIL	<input type="checkbox"/> 1. PILE	<input type="checkbox"/> 1. FILTRATION	<input checked="" type="checkbox"/> 1. LANDFILL
<input type="checkbox"/> 2. SHIP	<input type="checkbox"/> 2. SURFACE IMPOUNDMENT	<input type="checkbox"/> 2. INCINERATION	<input checked="" type="checkbox"/> 2. LANDFARM
<input type="checkbox"/> 3. BARGE	<input type="checkbox"/> 3. CRUMB	<input type="checkbox"/> 3. VOLUME REDUCTION	<input type="checkbox"/> 3. OPEN DUMP
<input type="checkbox"/> 4. TRUCK	<input type="checkbox"/> 4. TANK, ABOVE GROUND	<input checked="" type="checkbox"/> 4. RECYCLING/RECOVERY	<input type="checkbox"/> 4. SURFACE IMPOUNDMENT
<input type="checkbox"/> 5. PIPELINE	<input type="checkbox"/> 5. TANK, BELOW GROUND	<input type="checkbox"/> 5. CHEM./PHYS. TREATMENT	<input type="checkbox"/> 5. MOUND DUMPING
<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. OTHER (specify):	<input type="checkbox"/> 6. BIOLOGICAL TREATMENT	<input type="checkbox"/> 6. INCINERATION
		<input type="checkbox"/> 7. WASTE OIL REPROCESSING	<input type="checkbox"/> 7. UNDERGROUND INJECTION
		<input type="checkbox"/> 8. SOLVENT RECOVERY	<input type="checkbox"/> 8. OTHER (specify):
		<input type="checkbox"/> 9. OTHER (specify):	

2. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

See attachment A

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☐ 2. CORROSIVE ☒ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Unknown

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT 30,000	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT UNKNOWN	AMOUNT 500,000	AMOUNT UNKNOWN
UNIT OF MEASURE lbs/yr	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE lbs/yr	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, pigments X unknown amt.	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGENATED SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMELT. WASTES	(4) MUNICIPAL
X (5) OTHER (specify): API Separator Bottoms			(5) DYES/INKS	(5) NON-FERROUS SMELT. WASTES	(5) OTHER (specify):
			(6) CYANIDE	X (6) OTHER (specify): Creosoting Wood	
			X (7) PHENOLS PCP		
			(8) HALOGENS		
			(9) PCB		
			X Asbestos		
			X (11) OTHER (specify): Arsenic Pentoxide		

Creosote **Paint residue**
Phenols
Arsenic Pentoxide
Asbestos

See attachment A

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER	X			
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL	X			
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS	X			
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

Continued From Front

VII. PERMIT INFORMATION			
A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE. TX 281		TDWR 30065 Solid Waste Registration	
<input checked="" type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input checked="" type="checkbox"/> 3. STATE PERMIT (specify): <u>TDWR 00746 Wastewater disposal</u>	
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER	
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input checked="" type="checkbox"/> 9. RCRA DISPOSER	
<input type="checkbox"/> 10. OTHER (specify): _____			
B. IN COMPLIANCE?			
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
C. WITH RESPECT TO (list regulation name & number): <u>Solid waste inspection 9/17/83</u>			
VIII. PAST REGULATORY ACTIONS			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (summarize below)			
See IV.E.			
IX. INSPECTION ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Inspection	9/17/82	TDWR	Solid Waste Compliance
X. REMEDIAL ACTIVITY (past or on-going)			
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)			
1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
	1951	AT & SF	upgrading of facility by the company
	1972	AT & SF	upgrading of facility by the company
NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.			

ATTACHMENT A

POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT SUPPLEMENT SHEET

Instruction - This sheet is provided to give additional information in explanation of a question on the form T2070-2.

Corresponding
number on form

Additional Remark and/or Explanation

IV. E.

TDWR Field Representative, Susan McCartor, reported that there are five abandoned ponds on facility property. In the past all wastes were deposited in these ponds. Their exact contents has yet to be determined. On several occasions TDWR has requested that these ponds be closed and covered. The site however, claims to be awaiting Superfund money for the clean-up. An inquiry was made at EPA Region 6 Superfund Division and no funds are presently scheduled for this closure.

An older impoundment that was closed 30 years ago is covered and under the present facility parking lot. Contents of this impoundment are also unknown.

Active hazardous waste handling facilities include a boiler (energy-producing) and landfill which receives creosoted wood wastes, and a land spreading area that receives separator bottoms.

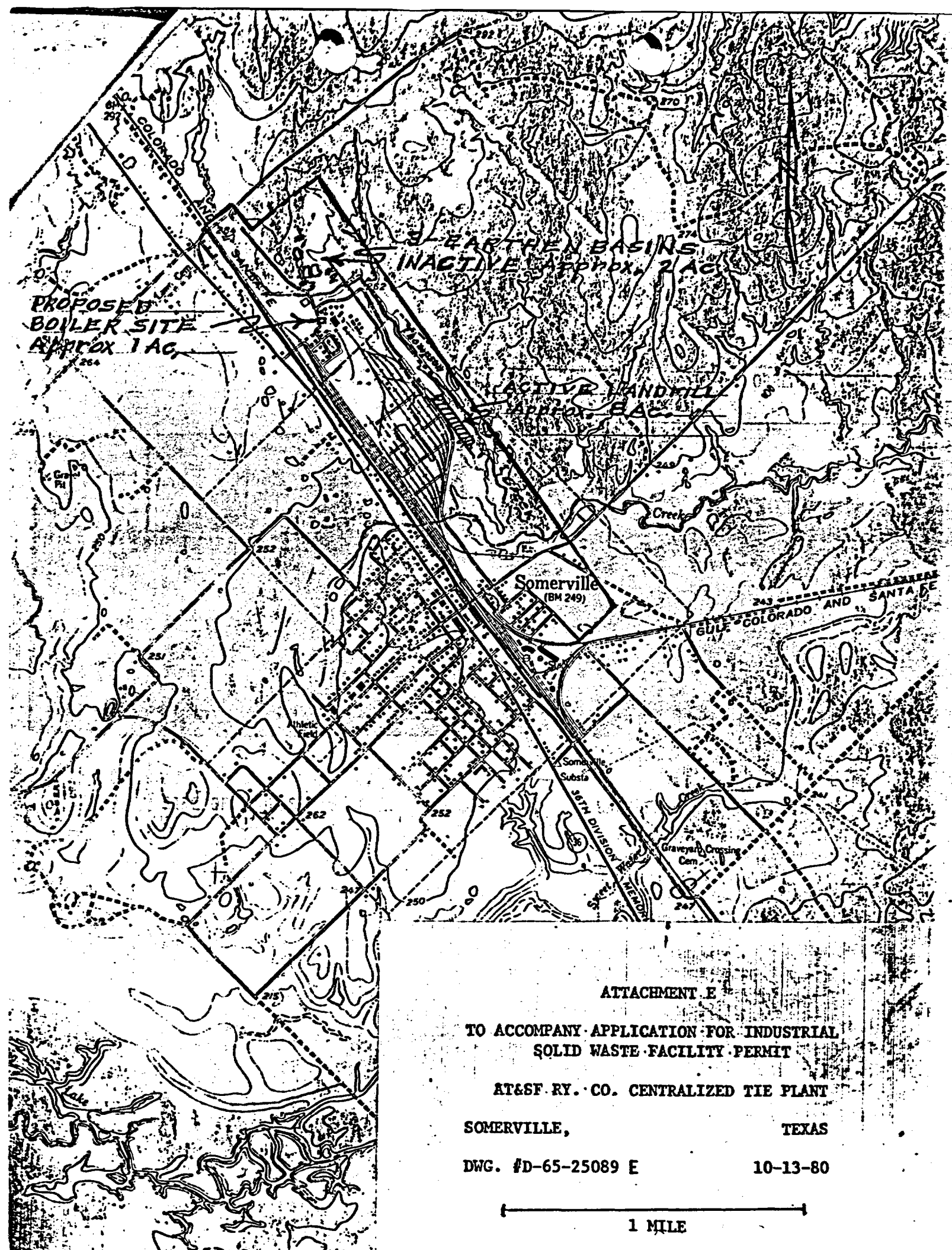
V. 4.

Inspection and monitoring activity by the TDWR has included sampling of runoff, closed ponds and monitoring of several of the 18 monitoring wells recently installed around the site (location of wells is unknown). Ms. McCartor expressed a desire to conduct a joint inspection with the FIT to determine the boundaries and contents of the 30 year old impoundment.

SUPERFUND
FILE

DEC 01 1992

REORGANIZED



ATTACHMENT E

TO ACCOMPANY APPLICATION FOR INDUSTRIAL
SOLID WASTE FACILITY PERMIT

AT&SF RY. CO. CENTRALIZED TIE PLANT

SOMERVILLE,

TEXAS

DWG. #D-65-25089 E

10-13-80

1 MILE